PTO/SB/22 (04-07)
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 | | Docket Number (Optional) 1390-0124P | |
|--|-------------------|--|---------------------------|
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | 100 | 00-01241 |
| Application Number 09/831,279-Conf. | #4240 | Filed | June 7, 2001 |
| For SPACE STRUCTURE AND A METHOD FOR PRESENTING THEREIN ESPECIALLY THE COLD SEASON | | | |
| Art Unit 3635 | | Examiner | B. S. Katcheves |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | <u>Fee</u> | Small Entity Fee | 2 |
| One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ |
| Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ |
| Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ |
| X Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ 795.00 |
| Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet. | | | |
| Deposit Account Number 02-24-10 | Thave ends | osed a duplicate co | py or trits sneet. |
| I am the applicant/inventor. | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| attorney or agent of record. R | egistration Numbe | r32,334 | |
| attorney or agent under 37 CF | | | |
| Redistration number if acting un | nder 37 CFR 1.34 | | |
| Joe Micking Minny | June 20, 2007 | | |
| Signature | | | Date |
| Joe McKinney Muncy Typed or printed name | | · · · · · · · · · · · · · · · · · · · |) 205-8026 none Number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more | | | |
| than one signature is required, see below. | | | |
| Total of 1 forms are subm | nitted. | | |